

DECLARATION OF PATERNAL INTEREST

Use of form: Completion of this form is voluntary. S. 48.025, Wis. Stats. provides for filing a Declaration.

Instructions: Mail the completed form to the Division of Children and Family Services, Bureau of Programs and Policies, P.O. Box 8916, Madison, WI 53708-8916.

PERSON SUBMITTING DECLARATION

Name (Last, First, MI)

Address (Street, City, State, Zip Code)

I have reason to believe I am the father of the child named below. I am hereby declaring my interest in matters affecting this child.

CHILD

Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

Expected Birthdate (mm/dd/yyyy)

Gender: ☐ Male ☐ Female ☐ Unknown

MOTHER

Name (Last, First, MI)

Last Known Address (Street, City, State, Zip Code)

SIGNATURE – Person Submitting Declaration

Date Signed

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by
(mm/dd/yyyy)

Name – Person Making Statement

SIGNATURE – Notary

My commission expires _____
(mm/dd/yyyy)

If the person declaring to be the father is under the age of 18, a parent or guardian of the declarant must also sign.

SIGNATURE – Parent / Guardian

Distribution: Electronic form: Original plus 1 copy to DCFS at the address listed in "Instructions" and retain a copy for your files.
Paper ply form: Submit the original and yellow copy to DCFS at the address listed in "Instructions" and retain the pink copy for your records.